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PTO/SB/21 (08-00)  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/274,015	
	<b>Filing Date</b>	March 22, 1999	
	<b>First Named Inventor</b>	E. HEBERT	
	<b>Group Art Unit</b>	1732	
	<b>Examiner Name</b>	E. Lee	
<b>Total Number of Pages in This Submission</b>	61	<b>Attorney Docket Number</b>	20002.0052

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Office Action <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Statement Claiming Small Entity Status <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Copy of application nos. 08/490,963 and 60/042,119</b>
<b>Remarks</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
<b>Firm or Individual name</b>	John P. Mulgrew, Reg. No. 47,809 Swidler Berlin Shereff Friedman, LLP
<b>Signature</b>	
<b>Date</b>	January 10, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>			
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# FEE TRANSMITTAL

Patent fees are subject to annual revision.

Complete if Known

Application Number 09/274,015  
Filing Date March 22, 1999  
First Named Inventor E. HEBERT  
Examiner Name E. Lee  
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TOTAL AMOUNT OF PAYMENT (\$) 482

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METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																		
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 195127, Order No. 20002.0052</p> <p>Deposit Account Name: Swidler Berlin Shereff Friedman, LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>3. ADDITIONAL FEES</p> <table border="1"><thead><tr><th>Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr><tr><td>116</td><td>410</td><td>216</td><td>200</td><td>410</td></tr><tr><td>117</td><td>930</td><td>217</td><td>460</td><td></td></tr><tr><td>118</td><td>1,450</td><td>218</td><td>720</td><td></td></tr><tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td></td></tr><tr><td>119</td><td>310</td><td>219</td><td>155</td><td></td></tr><tr><td>120</td><td>310</td><td>220</td><td>155</td><td></td></tr><tr><td>121</td><td>270</td><td>221</td><td>135</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr><tr><td>141</td><td>1,280</td><td>241</td><td>620</td><td></td></tr><tr><td>142</td><td>1,280</td><td>242</td><td>620</td><td></td></tr><tr><td>143</td><td>460</td><td>243</td><td>220</td><td></td></tr><tr><td>144</td><td>620</td><td>244</td><td>300</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr><tr><td>123</td><td>130</td><td>123</td><td>130</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr><tr><td>146</td><td>740</td><td>246</td><td>355</td><td></td></tr><tr><td>149</td><td>740</td><td>249</td><td>355</td><td></td></tr><tr><td>179</td><td>740</td><td>279</td><td>370</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr></tbody></table>		Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65		127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	410	216	200	410	117	930	217	460		118	1,450	218	720		128	1,960	228	980		119	310	219	155		120	310	220	155		121	270	221	135		138	1,510	138	1,510		140	110	240	55		141	1,280	241	620		142	1,280	242	620		143	460	243	220		144	620	244	300		122	130	122	130		123	130	123	130		126	180	126	180		581	40	581	40		146	740	246	355		149	740	249	355		179	740	279	370		169	900	169	900	
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<p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>																																																																																																																																																				
<p>FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1"><thead><tr><th>Large Fee Code</th><th>Entity Fee (\$)</th><th>Small Fee Code</th><th>Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr></tbody></table> <p>SUBTOTAL (1) (\$ 0)</p>		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee		106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	710	208	355	Reissue filing fee		114	160	214	80	Provisional filing fee																																																																																																																
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<p>2. EXTRA CLAIM FEES</p> <p>Total Claims: 31 -27** = 4 X 18 = 72</p> <p>Independent Claims: 3 -3** = 0 X = 0</p> <p>Multiple Dependent: X = 0</p> <table border="1"><thead><tr><th>Large Fee Code</th><th>Entity Fee (\$)</th><th>Small Fee Code</th><th>Entity Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr></tbody></table> <p>SUBTOTAL (2) (\$ 72)</p>		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	103	18	203	9	Claims in excess of 20	102	84	202	42	Independent claims in excess of 3	104	280	204	140	Multiple dependent claim, if not paid	109	84	209	42	** Reissue independent claims over original patent	110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																					
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<p>**or number previously paid, if greater; For Reissues, see above</p>		<p>Other fee (specify)</p> <p>*Reduced by Basic Filing Fee Paid</p> <p>SUBTOTAL (3) (\$ 410)</p>																																																																																																																																																		

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John P. Mugrew	Registration No. Attorney/Agent	47,809
Signature		Telephone	202 424-7500
		Date	January 10, 2002

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